

Dogtown Dance Theatre Event Application

Name of event _____

Day and date of event _____

Event begin time _____ Event end time _____

Setup time _____ Breakdown time _____

Space requested _____ Guest Count _____

Nature of event _____

Will food be served? _____ Caterer _____

Will alcohol be served? _____

(If so, please have caterer provide a copy of its ABC license to Dogtown Arts Foundation at least two (2) weeks prior to the event.)

Event manager _____ Contact cell phone _____

Billing Information

Name _____

Address _____

Phone _____ E-mail _____

Credit card* Number _____ Exp. Date _____

Name as appears on card _____

*Credit card serves as damage deposit.